

# NEBRASKA SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) PUBLIC AND MEDIA EVENTS FORM

## Section 1 - Presenter / Contributor Information

Name(s) of Presenter(s) (attach additional page if space below is not sufficient to list all participants):

<p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Total Hours Spent on Activity Across all Dates:</b></p> <p>_____ hours</p>
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## Section 2 - Activity or Event

☐ **Interactive Presentation to Public** (Face to Face/In-Person)

Estimated # of Attendees: \_\_\_\_\_

Estimated Persons Provided Enrollment Assistance: \_\_\_\_\_

☐ **Booth or Exhibit** (at Health Fair, Senior Fair, or Special Event)

Estimated # Direct Interactions w/Attendees: \_\_\_\_\_

Estimated Persons Provided Enrollment Assistance: \_\_\_\_\_

☐ **Dedicated Enrollment Event Sponsored by SHIIP or in Partnership**

Estimated # of Attendees: \_\_\_\_\_

Estimated # Provided **Any** Enrollment Assistance: \_\_\_\_\_

Estimated # Provided Part D Enrollment Assistance: \_\_\_\_\_

Estimated # Provided LIS Application Assistance: \_\_\_\_\_

Estimated # Provided MSP Application Assistance: \_\_\_\_\_

☐ **Radio Show** (Live or Taped - Not a PSA or Ad)

Estimated # of Listeners Reached: \_\_\_\_\_

☐ **TV/Cable Show** (Live or Taped - Not a PSA or Ad)

Estimated # of Viewers Reached: \_\_\_\_\_

☐ **Electronic Other Activity** (PSAs, Electronic Ads, Crawls, Video Conference, Web Conference, Web Chat)

Estimated # of Listeners/Viewers Reached: \_\_\_\_\_

☐ **Print Other Activity** (Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings)

Specific Type of Activity: \_\_\_\_\_ Estimated # Readers Across Entire Campaign: \_\_\_\_\_

**Start Date of Activity:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

**County of Event Location:**

**Event or Group Name:**

\_\_\_\_\_

**End Date of Activity:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

**Zip Code of Event Location:**

\_\_\_\_\_

**Street Address of Event Location:**

\_\_\_\_\_

**City of Event Location:**

\_\_\_\_\_

## Section 3 - Topics Discussed (select all that apply)

- |                                                                 |                                                           |                                                                       |
|-----------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Medicare Parts A and B                 | <input type="checkbox"/> Other Prescription Drug Coverage | <input type="checkbox"/> Low-Income Assistance                        |
| <input type="checkbox"/> Plan Issues - Non-Renewal, COBRA, etc. | <input type="checkbox"/> Medicare Advantage Plans         | <input type="checkbox"/> Dual Eligible with Mental Illness/Disability |
| <input type="checkbox"/> Long-Term Care                         | <input type="checkbox"/> Medicare Savings Programs        | <input type="checkbox"/> Volunteer Recruitment                        |
| <input type="checkbox"/> Medigap/Medicare Supplement Insurance  | <input type="checkbox"/> Other Medicaid                   | <input type="checkbox"/> Partnership Recruitment                      |
| <input type="checkbox"/> Medicare Fraud and Abuse               | <input type="checkbox"/> General SHIIP Information        | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Medicare Prescription Drug Coverage    | <input type="checkbox"/> Medicare Preventive Services     |                                                                       |

## Section 4 - Target Audience (select all that apply)

- |                                                              |                                                           |                                                                      |
|--------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Medicare Pre-Enrollees              | <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Mental Health Professionals                 |
| <input type="checkbox"/> Medicare Beneficiaries              | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Social Work Professionals                   |
| <input type="checkbox"/> Family Members/Caregivers           | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Dual-Eligible (Medicare/Medicaid) Groups    |
| <input type="checkbox"/> Low-Income                          | <input type="checkbox"/> Disabled                         | <input type="checkbox"/> Partnership Outreach                        |
| <input type="checkbox"/> White, Non-Hispanic                 | <input type="checkbox"/> Rural                            | <input type="checkbox"/> Presentation in Language Other Than English |
| <input type="checkbox"/> Hispanic, Latino, or Spanish Origin | <input type="checkbox"/> Employer-Related Groups          | <input type="checkbox"/> Other: _____                                |